

## VICTIM IMPACT STATEMENT

UNITED STATES V. \_\_\_\_\_

CASE NO. \_\_\_\_\_

NAME: Breanna Christopher

Many people are more comfortable writing about their experiences.

**For the following questions, feel free to attach additional sheets of paper if needed.**

Mark the words or phrases that best describe your feelings and reactions to this crime.  
PLEASE REMEMBER THESE ARE ALL NORMAL REACTIONS

### Feelings

- |   |                                   |   |                                     |   |                                   |
|---|-----------------------------------|---|-------------------------------------|---|-----------------------------------|
| <input checked="" type="checkbox"/> Anger | <input type="checkbox"/> Guilt    | <input checked="" type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Unsafe           | <input type="checkbox"/> Grief    |
| <input type="checkbox"/> Fear             | <input type="checkbox"/> Numbness | <input checked="" type="checkbox"/> Sad     | <input type="checkbox"/> Scared     | <input checked="" type="checkbox"/> Tense | <input type="checkbox"/> Confused |

### Experiences

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Nightmares            | <input type="checkbox"/> Forgetfulness       | <input checked="" type="checkbox"/> Fear the Defendant will return |
| <input type="checkbox"/> Trouble concentrating | <input type="checkbox"/> Uncontrolled crying | <input type="checkbox"/> Repeated memory of the crime              |
| <input type="checkbox"/> Appetite change       | <input type="checkbox"/> Want to be alone    | <input type="checkbox"/> No trust in anyone                        |
| <input type="checkbox"/> Fear of being alone   | <input type="checkbox"/> Family not as close | <input type="checkbox"/> Thoughts of suicide                       |
| <input type="checkbox"/> Lost job              | <input type="checkbox"/> School stress       | <input type="checkbox"/> Family stress                             |

What would you like the judge to know about you and the impact of this crime?

I've noticed that he has had significant nerve damage, which affects his ~~at~~ ability to balance & walk. He has had dreams of being robbed and the only means to defend himself inside the dream was a handgun; which would then completely fall apart, leaving him afraid & vulnerable. Those dreams along with the actual incident, has caused massive amounts of distress. To the point I've had to reassure him he would be okay.

Please describe below how members of your family have been affected by this crime?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Have you or members of your family received counseling or therapy? \_\_\_\_YES \_\_\_\_NO

What would you like to see happen to the person who committed the crime against you?

Considering there is evidence of ~~multiple~~ Multiple Count of crimes they've committed, they should be charged the maximum sentence without bail or parole.

Is there anything else you would like the Judge to know before the defendant is sentenced?

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## VICTIM IMPACT STATEMENT

### Financial Statement

#### A. EXPENSES and DAMAGES

1. List property lost, destroyed or damaged and its value. (Wherever possible, attach supporting documents such as receipts, repair bills, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____

2. List any wages or income you have lost as a result of this crime. Attach supporting receipts.

_____	\$ _____
_____	\$ _____

3. List any medical or counseling expenses incurred as a result of this crime. Attach supporting receipts.

_____	\$ _____
_____	\$ _____
_____	\$ _____

4. Describe future medical or counseling expenses anticipated. Attach estimates.

_____	\$ _____
_____	\$ _____
_____	\$ _____

5. If you have any funeral expenses as a result of the crime, please list them and attach receipts, bills or other documentation of your expenses. If you are claiming any expenses for a headstone, memorial or honoring ceremony, please list those expenses also.

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

6. List any other expenses including child care, transportation, etc. related to participation in the investigation or prosecution of the offense or attendance at court hearings.

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL OF CRIME RELATED COSTS:** \$ \_\_\_\_\_

**B. REIMBURSEMENT RECEIVED (Please attach receipts)**

Please list any money you were paid by insurance, Crime Victims' Compensation, Social Security, state or tribal government, programs or other sources. Attach copies or receipts or insurance payments.

If you have already received or expect to receive any payments or benefits from the sources listed, please indicate any amounts received, name of the insurance company and claim number.

Name of Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 Claim Number \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Name of Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 Claim Number \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

**TOTAL REIMBURSEMENT:** \$ \_\_\_\_\_